

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS

THE CLEVELAND MUSEUM OF ART

FORTY-EIGHTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
APRIL 20 to MAY 22, 1966PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator in any

Address

NO. STREET

CITY

Artist

SIGMUND

SHAWKEY

FIRST NAME

SUMMIT

LAST NAME

WA 3-4107

Born in Cleveland YES NOEntered Previous May Shows? YES NO

2 blanks

1248 WOODWARD AVE, AKRON 44310

ZIP CODE

COUNTY

Out-of-town residents should state whether return shipment is required. YES NO

Please bring Registration Fee of \$2.00 (Check or Money Order) with your entries.

CLASS 1	MEDIUM OIL COLLAGE	CLASS 1	MEDIUM PIL COLLAGE	CLASS 1	MEDIUM W.C. COLLAGE
TITLE UNTITLED NO. 3		TITLE VIETNAM NO. 1		TITLE VIETNAM NO. 2	
NUMBER FOR SALE 1	NUMBER IN EDITION (GRAPHIC PRPTS.)	PRICE 400 ⁰⁰	NUMBER FOR SALE 1	NUMBER IN EDITION (GRAPHIC PRPTS.)	PRICE 400 ⁰⁰
Artist SIGMUND SHAWKEY FIRST NAME LAST NAME		Artist SIGMUND SHAWKEY FIRST NAME LAST NAME		Artist SIGMUND SHAWKEY FIRST NAME LAST NAME	
ACCEPTED BY <i>EHTC</i>	ACCEPTED BY	ACCEPTED BY	REJECTED	ACCEPTED BY	ACCEPTED BY
DO NOT WRITE IN THIS SECTION 1268					
DO NOT WRITE IN THIS SECTION 1269					
DO NOT WRITE IN THIS SECTION 1270					

This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 2, 1966.

It is also understood that accepted entries will remain on exhibition until May 22 1966.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of N C R paper which does not require carbon.

REJECTED: April 23 - May 7

ACCEPTED: May 27 - June 11

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APRIL 20 to MAY 22, 1966

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LETTER
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CITY

Artist

SIGMUND SHAWKEY

FIRST NAME SHAWKEY LAST NAME

ZIP CODE

44310

SHAWKEY COUNTY

Tel.

WA 3 4107

POSTER

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CLASS	MEDIUM	CLASS	MEDIUM	CLASS	MEDIUM						
TITLE POSTER		TITLE		TITLE							
NUMBER FOR SALE	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE	NUMBER FOR SALE	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE						
Artist		Artist		Artist							
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME	FIRST NAME	LAST NAME						
ACCEPTED BY	ACCEPTED BY	ACCEPTED BY	REJECTED	ACCEPTED BY	ACCEPTED BY	ACCEPTED BY	REJECTED	ACCEPTED BY	ACCEPTED BY	ACCEPTED BY	REJECTED
DO NOT WRITE IN THIS SECTION 1078				DO NOT WRITE IN THIS SECTION				DO NOT WRITE IN THIS SECTION			

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SUBMIT ENTRIES WITH ENTRY BLANK AND
FEE FEBRUARY 26 THROUGH MARCH 5, 1966.

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